

**Supplemental Figure 2.** SARS-CoV-2 outpatient intake preparation form.

**Department of Radiation Oncology**

**SARS-CoV-2 Outpatient Intake Prep Form**

**Patient Name:** \_\_\_\_\_ **MRN#** \_\_\_\_\_

**Contact Phone #** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Radiation Oncologist:** \_\_\_\_\_ **Appointment Date/Time** \_\_\_\_\_

**Step 1:** Call patient and confirm appointment date and time

**Step 2:** Confirm/collect the following:

**Patient's Mobile/Cell #** \_\_\_\_\_ \*\*\*Tell the patient this will be used to contact the patient if necessary and to please bring it with them.

**Vehicle #1: Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_ **License plate:** \_\_\_\_\_ and (if applicable)

**Vehicle #2: Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_ **License plate:** \_\_\_\_\_

**Will you be traveling alone?** Y / N (circle one), *If yes please let patient know that no visitors are allowed and that the driver must remain in the vehicle.*

**Step 3:** Review how the patient should be dressed for treatment:

- Head & neck or pelvis: T-shirt and sweatpants
- Breast/thoracic: Button-down shirt and sweatpants

**Step 4:** Review Arrival Procedure:

- You are to drive to:
- You should park at: **\*\*Patients must not get out of their car\*\***
- When the treatment team is ready**, you will be directed by a nurse to put on Personal Protective Equipment (mask).
- You will be placed in a wheelchair and escorted straight to the treatment unit
- Note: We ask that you go to the restroom prior to leaving your home to prevent contamination of the restroom.
- Once treatment is over you will be escorted back to your vehicle. We ask that you keep your mask and bring it with you for subsequent treatment visits.

**Name of person completing** \_\_\_\_\_

**Date:** \_\_\_\_\_

**\*\* Please give a copy of this form to the Chief RTT→ Contact security and inform the dispatchers that it is a SARS-CoV-2 patient for Radiation Oncology.**